



JIM GIBBONS
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY

1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

MICHAEL J. WILLDEN
Director

CHARLES DUARTE
Administrator

<Current Date>

<Provider Name>

Attn: Personnel Director

<Mailing Address>

<City, State ZIP>

**RE: OFFICE OF INSPECTOR GENERAL'S INDIVIDUAL/ENTITY EXCLUSION
FROM PARTICIPATION IN FEDERAL PROGRAMS**

Dear Provider,

In September 1999, the Office of Inspector General (OIG) was established in the U.S. Department of Health and Human Services to identify and eliminate fraud, waste and abuse in the Department's programs and to promote efficiency and economy in Departmental operations. The OIG carries out this mission through a nationwide program of audits, inspections and investigations.

In addition, the OIG has been given the authority to exclude from participation in Medicare, Medicaid and other Federal health care programs, individuals and entities who have engaged in fraud or abuse, and to impose civil money penalties (CMP) for certain misconduct related to Federal health care programs (sections 1128 and 1128A of the Social Security Act).

To enhance the OIG's ability to protect the Medicare and Medicaid programs and recipients, the Medicare and Medicaid Patient and Program Protection Act of 1987, Public Law 100-93, expanded and revised the OIG's administrative sanction authorities by, among other things, establishing certain mandatory and discretionary exclusions for various types of misconduct.

The enactment of the Health Insurance Portability and Accountability Act (HIPAA) in 1996 and the Balanced Budget Act (BBA) of 1997, Public Law 105-33, further expanded the OIG's sanction authorities beyond programs funded by the Department to all "Federal health care programs." BBA also authorized a new CMP authority to be imposed against health care providers or entities that employ or enter into contracts with excluded individuals for the provision of services or items to Federal program recipients. This prohibition of employing or contracting with an excluded individual or entity applies whether the Federal reimbursement is based on itemized claims, cost reports, fee schedules or the Health Care Financing Administration's Prospective Payment System (PPS).

<Provider Name>

<System Date>

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Under the CMP authority, providers such as hospitals, nursing homes, hospices and group medical practices may face CMP exposure if they submit claims to a Federal health care program for health care items or services provided, directly or indirectly, by excluded individuals or entities. Furthermore, a recoupment may be established for all Medicaid reimbursements for services rendered by an excluded individual or entity and the Medicaid contract may be subject to termination.

Therefore, based upon the above information, the Division of Health Care Financing and Policy (DHCFP) is requesting that Nevada Medicaid/Nevada Check Up health care providers check the OIG List of Excluded Individuals/Entities on the OIG website prior to hiring or contracting with individuals or entities. In addition, as stated in the provider contract providers should periodically check the OIG website for determining the participation/exclusion status of current employees and contractors.

For more information on the Exclusion Program and to read the "Special Advisory Bulletin on the Effect of Exclusion," visit the OIG website at <http://oig.hhs.gov/fraud/exclusions.asp>.

If you have any questions regarding this request please contact Glenda Grafton at (775) 684-3613.

Regards,

A handwritten signature in black ink that reads "Marta Stagliano". The signature is written in a cursive, flowing style.

Marta Stagliano
Chief, Provider Support

Cc: Provider File